



APPLICATION FOR GOLF CART PERMIT

Application Date://_	EXPIRA		alid Until Iarch 31,
NAME:			
LAST	FIRST	MIDDLE	
ADDRESS:			
CITY / STATE/ZIP:			
		0.	4.
PHONE:			
DRIVER'S LICENSE			
NUMBER		TATE	EXPIRATION
GOLF CART DESCRIPTION:			
MAKE		MODEL	COLOR
INSURANCE:			
COMPANY		POLICY NUMBER	
(INSURANCE VERIFICATION DCUMENTS	NUST BE COMPLETED AND) COPIED PRIOR TO A GO	DLF CART PERMIT BEING ISSUED)
 Check box to confirm your Golf headlights, taillights, turn signal from behind. 			
SIGNATURE OF APPLICANT			
REVIEWED BY POLICE DEPARTMENT	т:	,	
POLICE DEPT. OFFICIAL	/ DATE	_/ (AUTHOR) () IZED DENIED
(Reason for denial:)



** APPLICANT RECEIVES A COPY OF CITY ORDINANCE 71.12, MOTORIZED GOLF CARTS

705 Syndicate Street Jordan, MN 55352 Phone: 952-492-2009 Fax: 952-492-3225